## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund				C C00504530
Check if 24-hour report				
Full Name of Payee			Date	e of Public Distribution/Dissemination
Whatman Associates				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6650 Stoffer Rd			Amo	punt
City Sta	tate Z	Zip Code	$\exists \Gamma$	149250.00
Bellville C	ОН 4	44813		nsaction ID : 001 e of Disbursement or Obligation
Purpose of Expenditure Canvasing		Category/ Type 004	] [	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	·	<b>x</b> Support	Office Soug	ght: 🗶 House District: 24
Katko, John, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		149613.33	Disburseme 2016	ent For: Primary   General  Other (specify)
Full Name of Payee Whatman Associates			Date	e of Public Distribution/Dissemination
				10 01 2016
Mailing Address 6650 Stoffer Rd			Amo	punt
City	itate 2	Zip Code		149250.00
	ОН	44813		saction ID: 002 e of Disbursement or Obligation
Purpose of Expenditure Canvasing		Category/ Type 004		09 26 / 2016
Name of Federal Candidate		Support	Office Sou	
Deacon, Colleen, , ,		<b>X</b> Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought		298863.33	Disburseme 2016	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				298500.00
(a) CODIONIZ OF ROMEDO Masporteon Exportanación				230300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	3		· [	1711711
(c) TOTAL Independent Expenditures			• [	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ageing	or authorized o	•		•
Crosby, Caleb, , ,	[Electronic	cally Filed] Date	M = M 01	19 2017
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
Congressional Leadership Fund	C C00504530					
	O THIS LEE					
Check if 24-hour report 48-hour report New report	Amends report filed on 10 13 2016					
Full Name of Payee	Date of Public Distribution/Dissemination					
Arena Online						
Mailing Address 1780 West Sequoia Vista Circle	Amount					
City State Zip	Code 363.33					
	104 Transaction ID : 003 Date of Disbursement or Obligation					
Purpose of Expenditure  Media placement and production  Ca	ategory/ Type 004 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate	Support Office Sought:   M House District: 24					
Deacon, Colleen, , ,	Oppose President Senate State: NY					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary <b>X</b> General 2016 Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
	M = M / D = D / Y = Y = Y					
Mailing Address						
	Amount					
City State Zip	Code					
	Date of Disbursement or Obligation					
Purpose of Expenditure Ca	ategory/ Type					
Name of Federal Candidate	Support Office Sought: House District:					
	Oppose President Senate State:					
Calendar Year-To-Date	Disbursement For: Primary General					
Per Election for Office Sought	Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	363.33					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	298863.33					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Crosby, Caleb, , , [Electronical]	y Filed] Date 01 19 2017					
Signature						